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April 06, 2005

TO: Supervisor Gloria Molina, Chair
Supervisor Yvonne B. Burke
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Supervisor Michael D. Antonovich

FROM: Thomas L. Garthwaite, M.D.
Director of Health Services

Marvin J. Southard, D.S.W.
Director of Mental Health

**SUBJECT: JOINT RECOMMENDATIONS FOR THE DECOMPRESSION OF THE
COUNTY'S PSYCHIATRIC EMERGENCY DEPARTMENTS**

This is in response to your Board's request to address the increased demand on the psychiatric Emergency Services (PES) at the four County hospitals.

During the last 18 months, the Departments have been engaged in the development of a number of programs and mechanisms to decrease the overcrowding of the PES. These efforts have had some positive impact; however they were not entirely successful in decompressing the County PES to keep at or below capacity, particularly since the inflow of patients into the PES has increased significantly. This greatly hinders any effort to ensuring a safe and manageable PES environment for patients and staff and the PES compliance with regulatory requirements placed on the Department by the Joint Commission and the Centers for Medicaid and Medicare Services (CMS).

PROPOSED JOINT SOLUTIONS

In response to Supervisor Molina's question regarding the ability to close the PES when they reach capacity, the Departments have obtained legal consultation from County Counsel. A report from County Counsel will be forwarded to your Board.

The Departments agree that the measures must have immediate impact, must lay the foundation for further measures that may be funded through the Mental Health Services Act, and must be undertaken in coordination with other agencies that are involved. These are outlined in the attached flowchart, timeline, and detailed below.

- **EXPANDED DIVERSION TO FEE-FOR-SERVICE LPS-DESIGNATED HOSPITALS**

DHS and DMH have developed and operationalized the framework for using the Medical Alert Center (MAC) for directing Psychiatric Mobile Response Teams (PMRTs) to specific DHS PES. The Departments propose to expand this to include 'Anterman-Petris-Short Act (LPS)-designated private hospitals as PMRT destinations when County Hospital PES' are at capacity. The next collaborative step will be to establish similar procedures with Los Angeles Police Department (LAPD). LPS designation allows hospitals to care for patients involuntarily detained on 5150 holds. Once a patient arrives at an LPS-designated emergency room, that emergency room must see the patient under the federal Emergency Medical Treatment and Active Labor Act (EMTALA) regulations. This plan can be implemented within two to three months. Additionally, DMH agrees to hold further expansion of PMRT teams pending joint assessment of the impact of these changes on PES flow.

- **LPS DESIGNATION OF URGENT CARE CENTERS**

The development of Urgent Care Centers is a new approach that holds great promise for the decompression of the PES. The Departments will assess the feasibility of providing additional involuntary assessment and treatment in Urgent Care Centers in order to further reduce PES overcrowding.

- **EXPANSION OF ACUTE INPATIENT AND RESIDENTIAL RESOURCES**

Effective April 2005, DMH will authorize an increase in existing contracted beds with Kedren Community Health Center, Inc., for uninsured adults to alleviate the immediate emergency situation. DMH intends to subsequently increase the number of contracted inpatient beds for uninsured persons at the facility from twenty to thirty-one.

DMH plans to purchase an additional 10 acute psychiatric inpatient beds for uninsured clients at White Memorial Hospital dedicated to County needs. Target implementation date is July 2005.

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DMH has allocated funding to purchase twelve additional beds for uninsured children and adolescents, more than doubling the current capacity effective April 19, 2005, contingent upon Board of Supervisors approval. Targeted Board hearing date is April 19, 2005.

Six DMH contracted Compass House Crisis Residential beds for uninsured clients who are clinically appropriate for this level of care have been dedicated to County PES and inpatient units since March 15, 2005.

ISSUES PENDING RESOLUTION

PES FACILITY IMPROVEMENTS

- The Departments will assess the feasibility of improving the County PES facilities in order to improve function and safety, subject to funding and other operational considerations.

ADDITIONAL RESOURCES FOR SEVERELY MENTALLY ILL

- The Departments will review resource allocation for post-acute inpatient locked residential facilities, based upon clinical needs, volume and availability.

FUNDING RESPONSIBILITIES

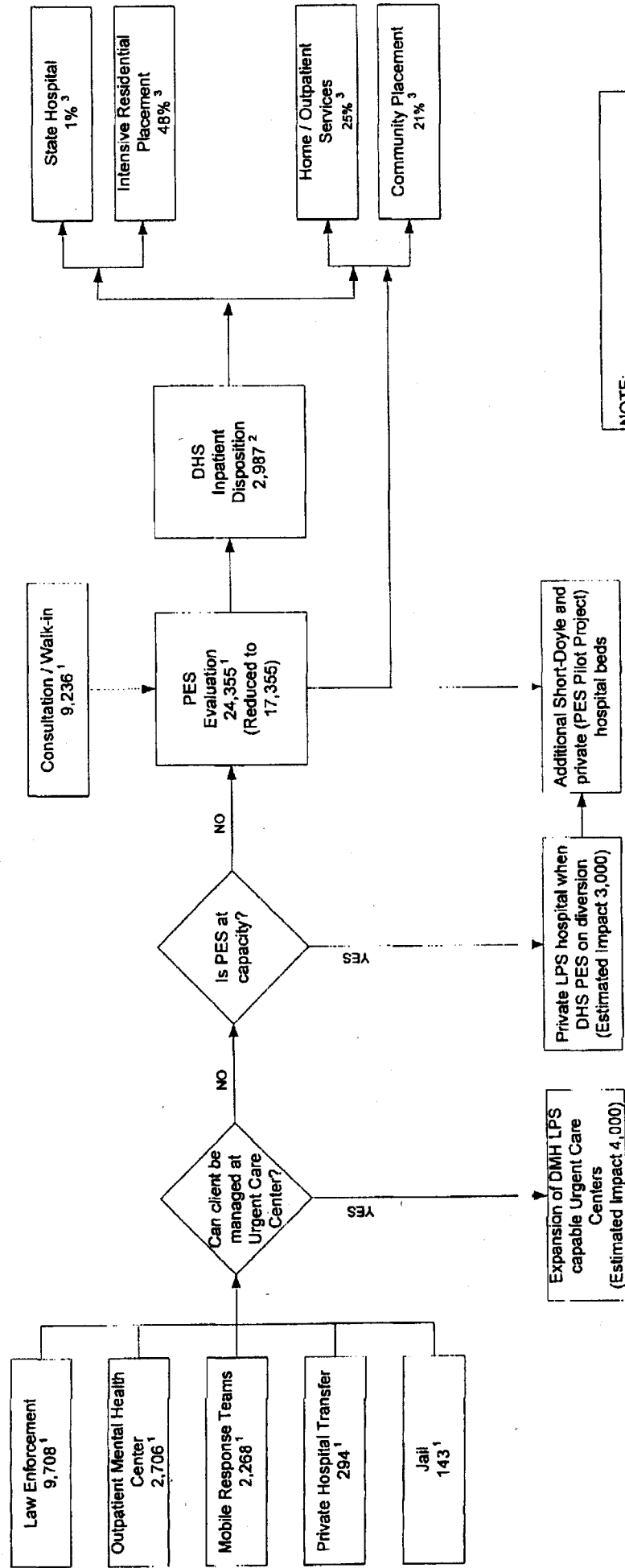
- The Departments will review funding issues with regard to mental health services provided by DHS as a foundation for budget recommendations to your Board.

TLG/MJS:RS

Attachments (2)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

COUNTY OF LOS ANGELES
DEPARTMENTS OF MENTAL HEALTH (DMH) AND HEALTH SERVICES (DHS)
PROPOSED PSYCHIATRIC EMERGENCY SERVICES (PES) SYSTEM
PROCESS OF CARE FLOWCHART



NOTE:
Shaded area represents proposed changes
and projected impact on PES.

¹ Data from the first two quarters of FY 2004-2005 indicates a 16% increase
² 148 Beds with an average length of stay of 17.4 that includes administrative days from calendar year 2003.
³ Data based on extrapolated administrative day report from December 2004 and January 2005.

**COUNTY OF LOS ANGELES
DEPARTMENTS OF MENTAL HEALTH (DMH) AND HEALTH SERVICES (DHS)
PSYCHIATRIC EMERGENCY SERVICES (PES) RELIEF PLANS
PROJECTED IMPLEMENTATION TIMELINE**

